

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003946

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

474

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Registration District No.

FILED JAN 25 1963

Primary Registration District No.

1003

Registrar's No.

474

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Homer Phillips Hosp.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

3104 Marnice Pl.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First Lillie

Middle

Last Owens

4. DATE OF DEATH

Month 1

Day 12

Year 63

## 5. SEX

Female

## 6. COLOR OR RACE

Col.

## 7. Married

☐ Never Married ☐ Divorced ☒ Widowed

## 8. DATE OF BIRTH

3-24-89

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HRS

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Fayette County, Miss. USA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Allen McClown

## 13b. MOTHER'S MAIDEN NAME

Lizza Patton

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT Address

Mrs. Madge Redmond- 3104 Marnice Pl

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Chronic Myocarditis.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Generalized Arterio Sclerosis.

#### DUE TO (c)

4221

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

12:40 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paul J. Simon

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNATURE

1/15/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1-18-63

## 23c. NAME OF CEMETERY OR CREMATORY

Batesville Miss.

## 23d. LOCATION (City, town, or county)

Batesville, Miss.

## 24. FUNERAL DIRECTOR

A.L. Bal Und. Co. - 4303 Delmar

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

JAN 15 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.